



# CITY OF MEMPHIS DEATH BENEFITS ENROLLMENT/CHANGE FORM (Non-Contributory Death Benefits)

☐ New Enrollment

☐ Change Beneficiary Only

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DEPT	SOCIAL SECURITY #	LAST	FIRST	MIDDLE	MO	DAY	YR	MO	DAY	YR	SEX
		EMPLOYEE NAME			DATE OF BIRTH			DATE OF HIRE			

## IT IS YOUR RESPONSIBILITY TO KEEP YOUR BENEFICIARY CURRENT

**▲Non-Contributory Death Benefit** (free) coverage amount is **\$10,000** (reduced to **\$5,000** upon retirement) provided automatically to all City of Memphis regular, full-time employees.

**\*If a minor or estate of the insured is the beneficiary, it may be necessary to have a guardian or a legal representative appointed before any death benefit can be paid. Please take this into consideration when naming your beneficiary.**

**•After proof of paid funeral expenses is received, benefit balance, if any, is paid to the Beneficiary.**

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE (Spouse, parent, etc)
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	

**Contingent Beneficiary:** Contingent Beneficiary(ies) will be used only if primary beneficiary is deceased.

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE (Spouse, parent, etc)
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	

I understand that the above named beneficiaries are for City of Memphis Death Benefit, for which I am currently enrolled.

SIGNATURE

DATE

NOTARIZED SIGNATURE OR BENEFITS REPRESENTATIVE

DATE